

Application Data Sheet

Application Information

Filing Date::	January 16, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title:	TRACK SHOE WITH HEEL PLATE AND SUPPORT COLUMNS
Attorney Docket Number::	005127.00087
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	3
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity
Given Name::	STEVEN
Middle Name::	F.
Family Name::	SMITH
Name Suffix::	
City of Residence::	LAKE OSWEGO
State or Province of Residence::	OREGON
Country of Residence::	US
Street of mailing address::	31 JUAREZ STREET
City of mailing address::	LAKE OSWEGO
State or Province of mailing address::	OREGON
Country of mailing address::	US
Postal or Zip Code of mailing address::	97035
Applicant Authority Type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity
Given Name::	JOHN
Middle Name::	A.
Family Name::	TRUAX
Name Suffix::	
City of Residence::	PORTLAND
State or Province of Residence::	OREGON
Country of Residence::	US
Street of mailing address::	12540 S.W. TREMONT STREET
City of mailing address::	PORTLAND
State or Province of mailing address::	OREGON

Country of mailing address:: US
Postal or Zip Code of mailing address:: 97225

Correspondence Information

Correspondence Customer Number:: 22910

Representative Information

Representative Customer Number:: 22910

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::